

Care Quality Commission

Inspection Evidence Table

Prudhoe Medical Group (1-581714893)

Inspection date: 6 September 2018

Date of data download: 28 August 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: N/A	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: N/A	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes March 2017
There was a record of equipment calibration Date of last calibration:	Yes July 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes Sept 2017
Actions were identified and completed.	Yes
Additional observations: N/A	
Health and safety Premises/security risk assessment? Date of last assessment: July 2018	Yes
Health and safety risk assessment and actions Date of last assessment: July 2018	Yes
Additional comments: N/A	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: August 2018</p> <p>The practice acted on any issues identified</p> <p>Detail: Reminder to staff to not overfill sharps boxes.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers: N/A</p>	

Any additional evidence
N/A

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: N/A	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers: N/A	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.80	1.10	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	7.3%	7.1%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers: N/A	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	10
Number of events that required action	10

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Prescribing processes	Learning was taken from this significant event as the practice realised that a patient was gaining access to their prescription for controlled drugs earlier each time than they should. This meant they had extra medication. The whole process was examined by the practice and scripts separated, signed and looked at and checked.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Each safety alert was saved separately by the practice manager in a folder on practice computer system and actioned thereafter. Any activities carried out were recorded.	

Any additional evidence
N/A

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.26	0.61	0.83	Variation (positive)

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	78.0%	83.7%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (13)	13.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	76.4%	80.7%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (24)	9.7%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	83.1%	81.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (56)	15.5%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	87.4%	75.7%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (3)	8.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.3%	91.7%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (9)	11.5%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	87.5%	84.8%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (33)	3.6%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	96.1%	82.7%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (11)	9.2%	8.2%	
Any additional evidence or comments The partners at the practice were all long standing. The patient turnover is low. There was a strong continuity of care. The staff all work together as a team and communicated well. The most recent public data for the Quality Outcomes Framework (QOF) data available to us was for 2016/17, the practice had received 98.9% of the points available to them for the 19 clinical indicators. The overall clinical exception reporting rate in 2016/17 was 7.6% compared with a national average of 9.9%.				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	68	69	98.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	71	71	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	71	71	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	69	71	97.2%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments N/A				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	82.1%	78.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	82.5%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	68.0%	63.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	80.6%	71.6%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	34.1%	47.0%	51.6%	Comparable with other practices
Any additional evidence or comments N/A				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	92.6%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (3)	16.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.4%	94.4%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (2)	12.0%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.7%	83.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (3)	6.9%	6.8%	
Any additional evidence or comments N/A				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	553	539
Overall QOF exception reporting (all domains)	4.0%	5.6%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.1%	95.5%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (7)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The clinicians understood the requirements of legislation and guidance when considering consent and decision-making. They supported patients to make decisions. The practice monitored the process for seeking consent appropriately.

Any additional evidence
N/A

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	29
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	Feedback from the Care Quality Commission comment cards was wholly positive. Patients praised the practice for providing an excellent service. Words used to describe the practice were exceptional, high quality treatment and supportive care. Doctors and nurses were named individually as going the extra mile and giving exceptional care. Patients said that receptionists went out of their way to be helpful. They reported that appointments were easy to obtain with very short waiting times.
Patients	<p>The practice received a thank you from the relative of a patient for going the extra mile and visiting the patient very late in the day at home after the surgery was closed.</p> <p>NHS England received a compliment from a patient's relative making them aware of their thanks to the practice for the outstanding care and support they received whilst they cared at home for their elderly relative.</p>

National GP Survey results

GP Survey 2017

The survey details below refer to the GP survey of 2017, which was current at the time of the preparation for the inspection.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,806	243	116	47.7%	1.7%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	96.9%	81.4%	78.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	97.0%	92.9%	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	99.4%	97.1%	95.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	95.4%	89.6%	85.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	97.7%	93.5%	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	98.7%	92.6%	90.7%	Variation (positive)
Any additional evidence or comments; The practice scored higher than the CCG and national average in every question in the National GP Survey in 2017 and 2018.				

GP Survey 2018

The survey details below refer to the GP survey of 2018, which was published on 9 August 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6806	249	106	43%	1.5%

Indicator	Practice	CCG average	England average
Last time you had a general practice appointment, how good was the healthcare professional at each of the following? <ul style="list-style-type: none"> Listening to you 	94%	92%	89%
Last time you had a general practice appointment, how good was the healthcare professional at each of the following? <ul style="list-style-type: none"> Treating you with care and concern 	96%	92%	87%
During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?	99%	96%	93%
During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?	100%	97%	96%
Overall, how would you describe your experience of your GP practice?	96%	87%	84%
Any additional evidence or comments; The practice scored higher than the CCG and national average in every question in the National GP Survey in 2017 and 2018.			

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
2018	The practice had carried out a patient access survey in 2018. Results were positive.

	The practice carried out a young people's survey. Feedback was positive. Questions asked included if they had the choice to be seen on their own and if they thought the service was suitable for young people.
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Any additional evidence	
N/A	

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>We interviewed two patients. One at the practice and one by telephone. They were both members of the practice patient participation group. They were very positive about the practice. They said the practice had an excellent reputation in the community.</p> <p>NHS choices, a website which provides information about health care in England and Wales had two reviews of the practice recorded. They both gave them five out of five for a score and praised the care given.</p>

National GP Survey results 2017

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	93.9%	89.8%	86.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	92.0%	86.7%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	97.9%	91.2%	89.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	96.0%	87.6%	85.4%	Variation (positive)
Any additional evidence or comments; The practice scored higher than the CCG and national average in every question in the National GP Survey in 2017 and 2018.				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 196 patients as carers (2.8% of the practice list). This is a higher figure than most GP practices.
How the practice supports carers	The practice had a carers policy. There was a referral form to refer carers to the local carers organisation. The organisation had delivered a talk to the patient participation group.
How the practice supports recently bereaved patients	If families had experienced bereavement, a GP or nurse contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs. and/or by giving them advice on how to find a support service.

Any additional evidence
N/A

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
N/A	

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6pm
Tuesday	7.30am to 6pm
Wednesday	8am to 6pm
Thursday	7.30am to 1pm, then emergency cover available to 6pm from an on-call GP
Friday	8am to 6pm

Appointments available
GP appointments are available 8.30 to 6pm Monday, Wednesday and Friday. Tuesday from 7.30am to 6pm. On Thursday from 7.30am to 1pm.
Extended hours opening
7.30 to 8am Tuesday and Thursday by appointment only.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were booked on the clinical system and the on-call GP on the day would triage them.	

Timely access to the service

National GP Survey results 2017

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6,806	243	116	47.7%	1.7%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	83.3%	78.9%	80.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	91.8%	75.9%	70.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	89.9%	79.0%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	91.1%	74.3%	72.7%	Comparable with other practices
Any additional evidence or comments; The practice scored higher than the CCG and national average in every question in the National GP Survey in 2017 and 2018.				

National GP Survey results 2018

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Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6806	249	106	43%	1.5%

Indicator	Practice	CCG	England
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		average	average
Generally, how easy is it to get through to someone at your GP practice on the phone?	98%	72%	70%
How satisfied are you with the general practice appointment times that are available to you?	87%	66%	66%
Were you satisfied with the type of appointment (or appointments) you were offered?	92%	78%	74%
Overall, how would you describe your experience of making an appointment?	92%	71%	69%
Thinking about the reason for your last general practice appointment, were your needs met?	99%	97%	95%

Any additional evidence or comments

In relation to timely access to the service all of the above survey results from both 2017 and 2018 were above the local and national averages.

Staff told us that the patients had good access to appointments and usually did not have to wait more than two days for routine appointments.

On the day of our inspection there were routine appointments available the following day.

Every day there were three appointment slots for patients who had contacted NHS111, the out of hours service where they could be seen by their own surgery instead of the out of hours service if the appointment was suitable.

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Feedback from the Care Quality Commission comment cards was wholly positive. Patients said that receptionists went out of their way to be helpful. They reported that appointments were easy to obtain with very short waiting times.

	The practice had carried out a patient access survey in 2018. Results were positive.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
N/A	

Example of how quality has improved in response to complaints
N/A

Any additional evidence
N/A

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the capacity and skills to deliver high-quality, sustainable care. They had an inspiring shared purpose, strived to deliver and motivated staff to succeed.

The practice had over many years continually improved its clinical care due to the effective and clear systems and processes put in place by the leadership. This could be demonstrated for example by;

- The list of clinical audits completed and on-going.
- Performance figures for QOF, A and E admissions and prescribing data.
- Pro-active management of long-term conditions.
- Patient and staff feedback and evidence of how they responded to it.
- Feedback from credible external bodies.
- A good accessible appointment system.

Any additional evidence

N/A

Vision and strategy

Practice Vision and values

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. There was a 5-year business and financial plan.
- The practice were challenged with the retirement and reduction in hours worked by established practice nurses and the increased need for nurse appointments. A work force planning audit of the practice nurse provision at the surgery was carried out. This resulted in a restructure in the nurse duties and appointments at the practice. They were able to increase the number of weekly nurse appointments offered.
- The practice had developed a new role of reception team co-ordinator to support the delivery of high quality care and support the role of the practice manager.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice worked in partnership with many other organisations to link patients with other support organisations. For example, they could refer patients to charitable organisations for the elderly, mental health awareness, debt and health promotion.
- The practice monitored progress against delivery of the strategy.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice focused on the needs of patients. For example, when one of the GPs reduced their number of sessions, the practice reviewed the number of patients they had as their named GP and moved them to the care of a new GP. The patients were consulted and this was managed appropriately.

Feedback from the Care Quality Commission comment cards was wholly positive.

The results of the National GP Patient Survey are higher than local and national averages for being caring. The results for to timely access to the service for both 2017 and 2018 are all above the local and national averages.

Staff told us that the patients had good access to appointments and usually did not have to wait more than two days for routine appointments.

The practice had received 98.9% for the QOF overall score for the 19 clinical indicators for 2016/17. The overall clinical exception reporting rate in 2016/17 was low at 7.6% compared with a national average of 9.9%.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	As a result of a request from the practice nurses the practice devised a protocol for the prescribing and monitoring of a commonly used medicine to treat high blood pressure in patients.
Staff	Staff were proud to work at the practice and be part of the team. They said that the practice were good at giving quality care to patients and the access to appointments was very good. They said that there was a good skill mix of clinicians at the practice who all had their own skill areas. Managers of the practice were approachable.

Any additional evidence

N/A

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	The practice had specific policies, for example, safeguarding, infection control, health and safety and a fire risk assessment.	
Other examples	There was a specific policy regarding patient safety alerts.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Any additional evidence

N/A

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection control	Audit carried out August 2018
Health and safety	Audit carried out July 2018
Fire safety	Risk assessment carried out in September 2017

Any additional evidence

N/A

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Any additional evidence
N/A

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice had an active patient participation group of approximately eight members. They met every two months. The practice manager chaired the meetings and one of the GPs usually attended. We spoke with two patients who were members of the group. Topics discussed at the meetings included mental health awareness, dementia, carers support, the availability to patients of a local walking group.</p> <p>They said the practice were open and honest and listened to their views. They had asked for the kerb in the car park to be lowered to assist with easier access to the building. This work was carried out. The group suggested some literature at the local library on health. The practice arranged for some patient friendly books on health subjects to be made available in the library. The group in conjunction with the practice provided stall on health awareness annually at the local village fayre.</p> <p>The PPG and the practice were working together on a scheme 'Commit to be fit' to improve the health of the locality by engaging the local community in various activities such as walking clubs. The practice held a launch event for this in the local community centre with several local health groups present, there have been quarterly meetings of this since 2017. The group has more recently been linked with mental health issues and the practice are in the process of having a volunteer trained to work with local clubs, groups and charities to bring people along to sessions at the practice.</p>

Any additional evidence
<p>We noted that when changes were being considered for clinics patients were consulted and the changes were managed well.</p> <p>The practice had carried out a patient access survey in 2018. Results were positive.</p> <p>The practice carried out a young people's survey. Feedback was positive. Questions asked included if they had the choice to be seen on their own and if they thought the service was suitable for young people.</p> <p>The practice wanted to become paper free in relation to patient information leaflets. This was due to increasing costs and to be more environment friendly. Patients had the choice of email, text or printed information at the point of request. The practice then surveyed the patients after they had been given the leaflets for feedback. The most popular communication preference was by text with mental health and contraception the most popular information requested.</p>

The practice produced a newsletter for patients this included information on the PPG, on-line access and seasonal health information.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Annual clinical quality assurance report	<p>To ensure that good clinical care was delivered the practice annually ran an audit of patients across the disease and QOF registers to identify any patients not on an active recall system.</p> <p>Any administrative errors and clinical issues identified are tasked to a GP to resolve.</p> <p>The audit ensures that dates for example for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) signing and implant and intra uterine device removal dates are identified.</p> <p>High quality care for most vulnerable patient groups such as elderly and learning disability is ensured.</p>
Asthma inhalers	<p>An asthma audit linked to a significant event was initiated in 2008. The practice issued a protocol following this and the criteria was that 90% of asthmatic patients, over 16 years of age, should not receive more than 12 inhalers per year. The practice had continually audited this over nine years and found that in the last audit in 2017 the number of patients with instances of having over 12 inhalers per year issued was reduced by 75% (41 to 11) from 2008 (there had been 5 audits carried out in between)</p>
Acute kidney injury	<p>An acute kidney injury (AKI) review was carried out. A template was devised so that patients with AKI could be identified, offered educational information, review and medication. At the first audit only 3 patients with stage 1 AKI had been identified. At the second audit 14 patients at both stages of AKI, or at risk had been identified, coded and given advice or managed.</p>
Audit of death of patients registered at the practice	<p>This audit was to establish if the patients died at their preferred place of death, that non-cancer patients who had required palliative care were on the register. Practice clinical templates had been changed to record the information needed for the audit. The audit established deaths in hospital had reduced by 45% (31 to 17)</p>
Other audits	<p>The practice were able to provide us with details of several other audits which included;</p> <ul style="list-style-type: none"> • Monitoring of oral anti-coagulants. • Bisphosphonates review and monitor • Frailty service • Blood pressure readings in surgical referrals from primary care • Clinical record audit • High risk asthma patients • Medication compliance survey • Prescribing of a specific painkiller following a change in guidance • Audit of cancer diagnosis, if patients were referred appropriately

	and within guidelines <ul style="list-style-type: none"> Evaluation of antibiotic prescribing for acute cough.
Workforce planning audit	The practice were currently challenged with the retirement and reduction in hours worked by established practice nurses. In addition, the demand for practice nurse appointments had increased. One of the GPs carried out a work force planning audit of the practice nurse provision at the surgery to address this issue. They researched other published material where restructure of nursing roles within GP practice had been carried out, audited practice nurse appointments to see that they were appropriate. As a result of this they devised a model for the future for practice nurses. They looked at tasks which a health care assistant could be trained to carry out and administrative tasks where non-clinical staff could assist. As a result the number of nurse appointments per week increased from 191 to 250.

Any additional evidence
N/A

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use->

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.([See NHS Choices for more details](#)).